



U.S. DEPARTMENT OF  
HEALTH & HUMAN SERVICES  
Public Health Service

**APPLICATION FOR PERMIT  
TO IMPORT BIOLOGICAL AGENTS OR VECTORS OF  
HUMAN DISEASE INTO THE UNITED STATES**

FORM APPROVED  
OMB NO. 0920-0199  
EXP DATE 01/31/2014

Guidance for completing this form is available at [www.cdc.gov/od/eaipp/ImportApplicationForms.htm](http://www.cdc.gov/od/eaipp/ImportApplicationForms.htm). This form may be submitted by mail, fax, or email attachment to the Centers for Disease Control and Prevention, Import Permit Program. Mailing Address: 1600 Clifton Road NE, Mailstop A-46, Atlanta, GA 30333. Fax: 404-718-2093. E-mail: [ImportPermit@cdc.gov](mailto:ImportPermit@cdc.gov). Telephone: 404-718-2077.

**Please submit completed form only once by either email, fax, or mail**

Application Number:

Permit # issued

(For Program use ONLY)

**SECTION A, Person Requesting Permit in US (Permittee)**

1. Permittee's Last Name	2. First Name	3. MI	4. Permittee's Organization		
5. Physical Address (NOT a post office box)			6. City	7. State	8. Zip Code
9. Telephone		10. Fax		11. Email	
12. Will the permittee be the courier of the imported biological agent? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Will other members of the organization listed above, in Section A Block 4, be authorized to use the approved permit? <input type="checkbox"/> No <input type="checkbox"/> Yes if Yes ➞		14. Check here <input type="checkbox"/> if you have included a Continuation Form to list others authorized to use this permit	

**SECTION B, Sender of Imported Biological Agent(s)**

1. Sender's Last Name ( <input type="checkbox"/> Check if same as Sec A)	2. First Name	3. MI	4. Sender's Organization		
5. Physical Address Outside of the US (NOT a post office box)		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax	12. Email		13. Check here <input type="checkbox"/> if you have included a Continuation Form to list multiple senders	

**SECTION C, Shipment Information**

1. Method(s) of Shipment <input type="checkbox"/> Commercial Carrier (e.g., FedEx) <input type="checkbox"/> Hand-carried by (provide name of person): _____	2. Number of Shipments <input type="checkbox"/> Single Shipment <input type="checkbox"/> Multiple Shipments i. Estimated # of shipments: _____	3. Shipment Temperature(s) <input type="checkbox"/> Ambient <input type="checkbox"/> Frozen/Refrigerated	4. Anticipated U.S. Port(s) of Entry
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**SECTION D, Final Destination of Imported Biological Agent**

1. Is final destination of biological agent(s) different from address in Section A? <input type="checkbox"/> No (skip to Section E) <input type="checkbox"/> Yes ➞	2. Last Name of Recipient at Destination	3. First Name	4. MI		
5. Destination Organization	6. Final Destination Address (NOT a post office box)		7. City	8. State	9. Zip Code
10. Telephone	11. Fax	12. Email		13. Check here <input type="checkbox"/> if you have included a Continuation Form to list multiple final destinations	

# APPLICATION FOR PERMIT TO IMPORT BIOLOGICAL AGENTS OR VECTOR OF HUMAN DISEASE INTO THE US

## SECTION E, Description of Imported Biological Agent

1. Intended use(s) of imported agent(s) <input type="checkbox"/> a Diagnostic <input type="checkbox"/> b Research <input type="checkbox"/> c Clinical trials <input type="checkbox"/> d Education <input type="checkbox"/> e Production <input type="checkbox"/> f Other (please describe):		2. Provide a detailed description of the work to be accomplished with the imported agent(s) (Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.)		5. Check here <input type="checkbox"/> if you included a Continuation Form to list additional agents to be imported with this Permit.					
3. Scientific name of known/suspected biological agent(s)		4. Type(s) of Biological Agent							
Genus	Species		Bacteria	Virus	Fungi	Toxin	Parasite	Prion	Recombinant Genetic Material
a		a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b		b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c		c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d		d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION F, Description of Material(s) Containing the Biological Agent(s) to be Imported

1. Source of material(s) being imported (Check all that apply) <input type="checkbox"/> a Infected or suspected infected human <input type="checkbox"/> b Infected or suspected infected vector (APHIS permit may be required) i (please describe) _____ ii Vector viability: <input type="checkbox"/> 1 live <input type="checkbox"/> 2 dead <input type="checkbox"/> c Environment (please describe): _____ <input type="checkbox"/> d Other (please describe): _____		2. Description of material(s) containing biological agent(s) (Check all that apply and provide description below) <input type="checkbox"/> a Field-collected specimen <input type="checkbox"/> b Laboratory isolate/culture <input type="checkbox"/> c Blood/blood products <input type="checkbox"/> d Other body fluids <input type="checkbox"/> e Tissues/organs <input type="checkbox"/> f Body parts <input type="checkbox"/> g Vector <input type="checkbox"/> h Other i Provide a detailed description of the material containing the biological agent:	
3. Does the material contain animal products or byproducts (e.g., Fetal Calf Serum or Bovine Serum Albumin)? <input type="checkbox"/> a No <input type="checkbox"/> b Yes (APHIS Import Permit may also be required)			

## SECTION G, Receiving Laboratory Capabilities

1. Laboratory Biosafety Level (Check all that apply) <input type="checkbox"/> a ABSL-1 <input type="checkbox"/> e BSL-1 <input type="checkbox"/> b ABSL-2 <input type="checkbox"/> f BSL-2 <input type="checkbox"/> c ABSL-3 <input type="checkbox"/> g BSL-3 <input type="checkbox"/> d ABSL-4 <input type="checkbox"/> h BSL-4 <input type="checkbox"/> i Other (please describe):		2. Primary Containment to be used (Check all that apply) <input type="checkbox"/> a None (open bench) <input type="checkbox"/> b Class I <input type="checkbox"/> c Class II, Type _____ <input type="checkbox"/> d Class III <input type="checkbox"/> e Fume Hood <input type="checkbox"/> f Other (please describe):		3. Personal Protective Measures to be used (Check all that apply) <input type="checkbox"/> a Gloves <input type="checkbox"/> b Protective Clothing <input type="checkbox"/> c Goggles and/or Face Shield <input type="checkbox"/> d Facemask <input type="checkbox"/> e Respirators: Type <input type="checkbox"/> N95/100 <input type="checkbox"/> PAPR <input type="checkbox"/> f Immunizations <input type="checkbox"/> g Other (please describe):		4. Personnel Training provided (Check all that apply) <input type="checkbox"/> a Risk(s) associated with the imported biological agent(s) <input type="checkbox"/> b Hazardous Material Packing/Shipping <input type="checkbox"/> c Laboratory Standard Practices <input type="checkbox"/> d Hazardous Waste Handling/Disposal <input type="checkbox"/> e Emergency Response Procedures <input type="checkbox"/> f Spill Procedures <input type="checkbox"/> g Other (please describe):	
5. Anticipated disposition of Biological Agent(s) (and material containing it) when work is completed <input type="checkbox"/> a Will be <b>retained</b> at address listed in SECTION A <input type="checkbox"/> b Will be <b>transferred</b> to location listed in SECTION D <input type="checkbox"/> c Will be <b>destroyed</b> (please complete Block 6)				6. If Agent(s) will be destroyed, list expected method(s) of destruction <input type="checkbox"/> a Thermal: (describe method): <input type="checkbox"/> b Chemical (describe chemical): <input type="checkbox"/> c Irradiation (describe energy source): <input type="checkbox"/> d Other (please describe):			

I hereby certify that all individuals listed in this application have the appropriate qualifications, experience and training to safely handle the agents being imported and that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I agree to comply with all conditions, restrictions and precautions that may be specified in any permit that may be issued. Additionally, I agree to comply with all applicable regulations and guidelines that govern this transfer. I understand that failure to comply with the importation requirements may subject me to criminal penalties pursuant to 42 U.S.C. 271. I understand that any false statement made in this application may subject me to criminal penalties pursuant to 18 U.S.C. 1001.

## SECTION H, Signature of Permittee

1. Requestor's Signature (REQUIRED)	2. Requestor's Printed Name (Print name)	3. Date Signed (mm/dd/yyyy)
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Public recording burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0199)